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NOTICE OF APPEAL FROM THE EXAMINER TO THE	Docket Number (Optional)

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional)		
		INXT 1002-1 US		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 12450, Alexandria, VA 22313-1450" on 6 April 2005  Signature  Typed or printed Lynne M. Milliot	In re Applica		at al	
	John O. LAMPING et al.  Application Number Filed			
	Application Number 09/124,805		29 July 1998	
	For Local Relative Layout of Node-Link Structures in Space with Negative Curvature			
	Group Art U		Examiner Jin Cheng WANG	
Applicant hereby <b>appeals</b> to the Board of Patent Applexaminer.  The fee for this Notice of Appeal is (37 CFR 1.17(b))	eals and Interf	erences from	the last decision of the	
Applicant claims small entity status. See 37 CF shown above is reduced by half, and the resulti		ore, the fee	\$	
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Commissioner has already been authorized Deposit Account. I have enclosed a duplicate of	-		cation to a	
The Commissioner is hereby authorized to char any overpayment to Deposit Account Nocopy of this sheet.	ge any fees w	hich may be r I have end	equired, or credit losed a duplicate	
A petition for an extension of time under 37 CFF	R 1.136(a) (PT	O/SB/22) is e	nclosed.	
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applicant/inventor.		Non	and lister	
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.7 is enclosed. (Form PTO/SB/96)	73(b) `		Signature	
attorney or agent of record.			arren S. Wolfeld	
_ , ,		Ty	oed or printed name	
attorney or agent acting under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a).	•		6 April 2005 Date	
NOTE: Signatures of all the inventors or assignees of record of multiple forms if more than one signature is required, see below		t or their represe	ntative(s) are required. Submit	
□ *Total of / forms are submitted.				